Inspection Report

15 April 2022

St James' Lodge Care Home

Type of service: Nursing (NH)
Address: 15 - 17 Coleraine Road, Ballymoney, BT53 6BP
Telephone number: 028 2766 8212

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: St. James' Lodge Limited **Responsible Individual:** Mr Francis Donal McKenna	**Registered Manager:** Miss Bronagh Barker **Date registered:** 4 October 2013
Person in charge at the time of inspection: Miss Bronagh Barker	**Number of registered places:** 44 A maximum of 20 patients in category NH-DE accommodated on the Ground Floor, A maximum of 21 patients in category NH-I and a maximum of 3 patients in NH-PH accommodated on the First Floor.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 44
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 44 patients. The home is divided in two units, over two floors. The ground floor unit provides care for people living with dementia and the first floor unit provides general nursing care. Patients have access to communal lounges, dining rooms and a garden space.	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2022, from 10.45 am to 5.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Bronagh Barker, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Eight patients, seven staff and three relatives were spoken with. One questionnaire was returned and no feedback was received from the staff online survey within the allocated timeframe. A comment included within a returned questionnaire included; "St James' is a lovely home, the staff members are all very friendly and helpful". The relatives who were visiting told us; "all the staff members are brilliant, I don't know what we would do without nursing homes" and "the staff always take time to ensure my mum's clothes are co-ordinating".

One relative described the Manager as "super caring".

Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in St James' Lodge. One patient told us "I can't complain." Patients described the staff as "lovely" and "very good."

Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues. Two staff told us "I love it here".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 2 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: • emergency pull cords are appropriately covered with a wipe able material.	**Met**
	Action taken as confirmed during the inspection: Review of the environment evidenced this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 13 (4) (a) Stated: Second time	The registered person shall ensure thickening agents are securely stored when not in use.	**Met**
	Action taken as confirmed during the inspection: On the day of inspection the lock on the cupboard where the thickening agents are stored in the dementia unit was observed broken; this was brought to the Managers attention and the lock was fixed the same day. The Manager provided assurance the storage of thickening agents is an area of focus on her daily walk around the home. This area for improvement has been assessed as met.	

Area for improvement 3 Ref: Regulation 15 (2) (a) (b) Stated: Second time	The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced this area for improvement has been met.	
Area for improvement 4 Ref: Regulation 27 (4) (a) (e) Stated: First time	The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that: • fire safety awareness training is provided for all staff twice yearly and a record is maintained within the home for inspection.	**Met**
	Action taken as confirmed during the inspection: A review of training records evidenced this area for improvement has been met.	
Area for improvement 5 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure that staff employed in the home receives mandatory training appropriate to their job role.	**Met**
	Action taken as confirmed during the inspection: A review of training records evidenced this area for improvement has been met.	
Area for improvement 6 **Ref:** Regulation 10 (1) **Stated:** First time	The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home. This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.	**Met**
	Action taken as confirmed during the inspection: A review of governance records evidenced this area for improvement has been met.	

Area for improvement 7 Ref: Regulation 17 (1) Stated: First time	The registered person shall ensure an annual quality report is completed to review the quality of nursing and other services provided in the home and is available for inspection by RQIA.	**Met**
	Action taken as confirmed during the inspection: Review of the annual quality report dated 1 November 2021 confirmed this area for improvement has been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 Ref: Standard 41.7 Stated: First time	The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.	**Met**
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met	
Area for improvement 2 Ref: Standard 4.1 Stated: First time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	**Partially met**
	Action taken as confirmed during the inspection: Review of care records for two recent admissions evidenced one was completed timely however; the other record reviewed evidenced a delay in the development of care plans. This area for improvement has been partially met and will be stated for a second time.	

Area for improvement 3 Ref: Standard 46.2 Stated: First time	The registered person shall review the availability of alcohol hand sanitiser and PPE supplies along the corridor areas throughout the home in order to reduce, where possible, the distance staff have to travel to reach such supplies.	**Met**
	Action taken as confirmed during the inspection: The Manager reviewed the environment and additional supply stations have been erected. Discussion with staff did not highlight any issues with the current working arrangements. This area for improvement has been assessed as met.	
Area for improvement 4 Ref: Standard 11 Stated: First time	The registered person shall ensure a structured programme of activities is developed and implemented following discussion with the patients. Arrangements for the provision of activities should be in place in the absence of an activity co-ordinator. Activities must be an integral part of the care process with daily progress notes reflecting activity provision.	**Met**
	Action taken as confirmed during the inspection: A new activity staff member has been successfully recruited and is due to commence employment very soon. In the interim a structured activities programme has been delivered by another staff member. This area for improvement has been assessed as met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to help protect patients.
Staff were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff members were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patient care records were well maintained which reflected the needs of the patients. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. Review of two patients' care records evidenced that one set of records was developed in a timely manner whilst the other was not. This was discussed with the Manager and an area for improvement was partially met and is stated for a second time.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative and meaningful daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans and the care plans did not identify the assessed mattress setting of airflow mattresses. An area for improvement was identified.

Wound care records for three patients evidenced gaps in the recording of the wound care provided, care planning and in the completion of wound observation charts.
It was also observed the Manager did not audit wound care as part of her governance audits within the home. These deficits were discussed with the Manager and an area for improvement was identified.

Discussion with the Manager and a review of records confirmed that the risk of falling and falls were well managed. The home participates in an anticipatory model of care whereby the local GP's visit the home frequently to review the care of patients; this includes the care of patients following a fall. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food and told us how they get too much!

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. A valid fire risk assessment was available for review.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.
However, two members of staff were seen not adhering to bare below the elbow best practice guidance, the Manager addressed this individually with the identified staff members. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with the Department of Health and IPC guidance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, listening to music, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

In relation to activities a new dedicated activity staff member has been recruited and is due to start within the next few weeks. In the meantime a staff member has been providing activities in the afternoon. One patient told us how they enjoyed doing the daily crossword and 'wordle' with two other patients in the home.

Visiting arrangements and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Visiting was in line with Department of Health guidance.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Miss Bronagh Barker has been the Registered Manager of the home since 4 October 2013. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home. As discussed in section 5.2.2 the Manager did not audit wound care as part of her governance systems in the home, as deficits were identified in the care of wounds this was identified as an area of focus and is was recommended that wound audits should commence. This development of wound audits is included in the area for improvement for wound care.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the Manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	2	1*

*the total number of areas for improvement includes one area under the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Bronagh Barker, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 12 (1) (a) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in regards to the repositioning of patients: • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • the type of mattress and correct setting must be documented correctly in patients care plan. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plans have been reviewed and amended where required to reflect current needs of each resident with regards to repositioning. Epic Care have been contacted and requested to add a comments box to allow staff to input exact time of repositioning rather than a 2 hour window. Mattress type and setting added to skin inrtegrity care plan by named nurses.
Area for improvement 2 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient. • The frequency of dressing change should reflect the assessed need of the wound • The wound care plan accurately details the frequency of dressing changes and the type of dressings required • wound assessment charts are completed at each dressing change • a wound care audit is implemented by the Manager to regularly review this aspect of care delivery. Ref: 5.2.2
	Response by registered person detailing the actions taken: All wound care plans and assessments reviewed by the Nurse Manager and fully discussed at the post inspection Staff Nurse meeting. A wound audit has been developed by the Nurse Manager and will be completed on a monthly basis.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4.1 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The need for care plans and assessments to be further developed within five days of a new resident being admitted to the nursing home has been discussed and re-iterated at the recent post inspection Staff Nurse meeting. The Nurse Manager will audit and review on an ongoing basis.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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